

LISKEARD RURAL DISTRICT
COUNCIL.

THE
ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
For the Year 1949.

P. J. FOX, M.B., B.Ch., B.A.O., D.P.H.

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*To the Chairman and Members of the
Liskeard Rural District Council.*

Mr. CHAIRMAN, Mrs. STUART and GENTLEMEN,

I have the honour to present my Annual Report for 1949. Apart from a small but very disturbing outbreak of Smallpox near Pengover, the year was on the whole a healthy one. This general impression is borne out by the vital statistics for 1949. The birth rate was slightly higher than that for England and Wales and was also above that for Health Area No. 7 of Cornwall. The crude death rate, though above that for England and Wales is below that of Health Area No. 7. There were no maternal deaths during the year, and the Infant Mortality Rate was below the national figure. There was a small increase in the total of infectious diseases notified, the figures being 334 for 1949 as against 276 for 1948. The increase was caused by a measles epidemic in the early months of the year. Apart from the cases of smallpox referred to above, and one case of paralytic poliomyelitis no serious infectious disease was notified.

One of the main, if not the main, foundations of good health is adequate housing—and by adequate I do not mean the bare essentials necessary to shelter from wind and weather. An adequate house is not only one that gives physical protection against elements, but one in which also the individual, and the family can find contentment and happiness. In our modern world inadequate housing is perhaps the greatest single cause of human unhappiness and frustration, which in their turn are basic, fundamental causes of vague, and often chronic ill-health. Bearing

in mind the high cost of building, and the restrictions and controls in force, the completion of 32 houses by the Council during 1949 represents a moderate achievement.

During the year the problem of caring for aged and infirm persons was encountered more than once. Many such old persons live alone, and through physical and mental infirmity either of themselves, or coupled with chronic illness, their living conditions deteriorate and become progressively more insanitary. Most of these old persons do not take kindly to the notion of going to an Institution where they can be cared for, and in some cases refuse to leave their homes. An added complication is the fact that many old persons suffer from minor chronic illness and/or physical defects which necessitate their admission to a hospital for chronic sick. Where this is the case the problem is even more difficult, since there is a considerable waiting list at the only hospital in this area which deals with chronic sick. Much thought is being given to the care and welfare of the aged, but no rapid or easy solution of this problem can be expected, and progress in this matter is bound to be slow. Whilst dealing with this subject I can report that it was not necessary in any case for the Council to apply to the Magistrates Court for an order under Section 47, National Assistance Act 1948, for the removal of aged or infirm persons to a hospital or institution.

There was a small increase in the number of cases of tuberculosis notified during the year. Tuberculosis differs from other infectious diseases mainly in being a chronic disease. In this respect it can, and does incapacitate those members of the community who suffer from it for months, and indeed years rendering them a burden to themselves, and the national economy, and a potential source of danger to those with whom they live. Moreover tuberculosis is a killing disease which during 1949 caused 6 deaths in the Rural District, and which in England and Wales accounted for something like 19,000 deaths. It is a

preventable disease, but unfortunately the methods of prevention are physically difficult, and financially expensive to put into operation. As far as a District Council is concerned the provision of adequate housing is one of the most important contributions that can be made towards solving this problem.

Poliomyelitis—or to give its popular, though incorrect, name of infantile paralysis—has in the past three years been causing concern throughout the country. This disease which is notorious for the severe, permanent paralysis it can cause, is one of many caused by viruses, which are germs too small to be seen by normal laboratory methods. Intensive research has been, and still is in progress to discover more about the disease, and more especially about its method of spread, but at present we do not know nearly enough about it, and specific preventative measures are therefore difficult to apply. During 1949 there were several outbreaks of moderate intensity in West Cornwall, and indeed as far east as Fowey, but in South-East Cornwall we mercifully escaped, only two cases having been notified. One of those cases lived in a remote part of the Rural District, and was possibly infected through members of her family who worked in and attended school at Fowey.

In this brief review I have dealt with those aspects of Public Health which will, I believe, be of interest to you. Some matters not touched upon in the preceeding paragraphs will be dealt with in the body of my report. It remains for me to thank all those members and officials of the Council who have co-operated with me in the preservation, and furtherance of public health, and to express the hope that the happy relations which have existed throughout 1949 will be maintained in the future.

I have the honour to be,

Mr. Chairman, Mrs. Stuart and Gentlemen,
Your obedient Servant,

P. J. FOX,
Medical Officer of Health.

Liskeard Rural District

Area of Rural District	...	...	...	104,803 acres.
Registrar General's Estimate of the	1949			
Resident Population	...	...	...	14,110
Number of Inhabited Houses	...	...	...	4,943
Rateable Value of Rural District	...	...	...	£63028
Sum represented by Penny Rate	...	...	...	£254

Vital Statistics for 1949

LIVE BIRTHS—			Male.	Female.	Total.
Legitimate	...	...	115	109	224
Illegitimate	...	...	7	6	13
			<hr/> 122	<hr/> 115	<hr/> 237

Liskeard R.D. Health Area No. 7 England and Wales

Birth-rate per					
1,000 of population	16.80		15.65		16.70
STILL BIRTHS—			Male.	Female.	Total.
Legitimate	...	...	1	1	2
Illegitimate	...	...	1	1	2
			<hr/> 2	<hr/> 2	<hr/> 4

Liskeard R.D. Health Area No. 7 England and Wales

Still Birth rate					
per 1,000 of					
population	0.28		0.43		0.39
DEATHS—			Male.	Female.	Total.
			99	93	192

Liskeard R.D. Health Area No. 7 England and Wales

Death-rate per 1,000					
of population	13.6		14.3		11.7
Deaths attributed to Pregnancy, Childbirth and the Puerperal State					

No deaths were registered under these heads

DEATHS OF INFANTS UNDER ONE YEAR OF AGE—

			Male.	Female.	Total.
All causes	...	...	3	5	8

Liskeard R.D. Health Area No. 7 England and Wales

Infant Mortality Rate					
per 1,000 Live Births	33.8		25.9		32.0
DEATHS FROM ENTERITIS AND DIARRHOEA UNDER TWO YEARS OF AGE—					

No deaths registered under this head

Principal Causes of Death at all Ages

Heart Diseases	72
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Cancer (all sites)	27
Respiratory Diseases	24
Intra-cranial Vascular Lesions ("stroke")	15
Kidney Disease	...	...	...	...	8
Circulatory Disease	...	...	...	...	8
Tuberculosis	...	...	...	...	6
Influenza	...	...	...	...	4
Suicide, Accidents, and other Violence	...	...	...	...	4
Digestive Disease	...	...	...	...	3
Premature Birth	3
Infantile Disease	2

Males. Females.

AVERAGE AGE AT DEATH	69.23	69.45
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NOTE. Reference is made in the foregoing statistics to Health Area No. 7. For the purpose of health administration the County is divided into seven Health Areas. Health Area No. 7 is composed of the County Districts of Liskeard Borough, Saltash Borough, Looe Urban District, Torpoint Urban District, Liskeard Rural District and St. Germans Rural District. It has a total area of 164,000 acres, and a total population of 49,133

General Provision of Health Services for the Rural District

(a) HOSPITAL SERVICES.

There are no hospitals in the Rural District. The hospitals serving the Rural District are situated in Plymouth, Liskeard, Bodmin and Truro.

(b) LABORATORY SERVICES.

During the latter part of the year a branch of the Public Health Laboratory Service was established in the Royal Cornwall Infirmary Truro, and bacteriological work, especially water, and ice-cream analysis are now undertaken at this laboratory.

Chemical analyses are carried out by Messrs. Hehner & Cox, London.

(c) SERVICES PROVIDED BY THE CORNWALL COUNTY COUNCIL UNDER PART III OF THE NATIONAL HEALTH SERVICES ACT, 1946.

1. CARE OF MOTHERS AND YOUNG CHILDREN. Because the population of the Rural District is scattered, this service is given for the most part in the home by Health Visitors and/or District Nurses and by the family doctor. Difficult or abnormal cases are referred to Regional Hospital Board Specialists at Liskeard and Plymouth.

2. MIDWIFERY SERVICE. Domiciliary Midwifery is undertaken by nine District Nurses-Midwives working in various centres throughout the Rural District. During 1949 they attended 131

confinements and carried out some 2,300 visits in connection with this service. Cases in which home conditions were unsatisfactory were admitted to the Alexandra Maternity Home, Devonport, whilst those in which there was obstetric abnormality were admitted to Freedom Fields Hospital, Plymouth.

3. HEALTH VISITING SERVICE. District Nurses carried out much of the routine health visits, whilst specialised health visiting was undertaken by Miss Phillips, Q.N.S., H.V. During the year some 5,600 visits were made in connection with this service.

4. HOME NURSING SERVICE. During the year District Nurses in bringing this service to the population of the Rural District carried out some 10,000 visits.

5. AMBULANCE SERVICE. No ambulance is stationed in the Rural District which was served in the main by ambulances based on Liskeard, and to a lesser extent by the ambulance stationed at Looe. In spite of heavy demands on the ambulance the service rendered has on the whole been satisfactory. Though it is not possible to give separate figures in respect of patients resident in the Rural District the following statistics of work carried out by these ambulances will be of interest :—

			<i>Patients transported</i>		<i>Miles travelled</i>
Liskeard	...	...	1261	...	26,749
Looe	...	...	266	...	8,150

6. PREVENTION OF ILLNESS, CARE AND AFTER-CARE. The main active measures for the prevention of illness are immunisation against diphtheria, and vaccination against smallpox. The latter procedure, which has fallen into disfavour with the general public, received a sharp and very unpleasant stimulus through the occurrence of four cases of virulent smallpox at Pengover, near Liskeard, in May, 1949. At that time many hundreds of the population in the surrounding parts of the Rural District joined in a rather undignified rush to be vaccinated, thereby availing themselves of a service in which a great proportion of them normally express a scornful disbelief. Vaccination of previously unvaccinated adolescents and adults carries with it a slight, but definite, risk of serious complications, and we must count ourselves fortunate that no such complications did in fact occur amongst the 5,000 or so people who were vaccinated at that time. To those of us concerned with preventive medicine it is not particularly encouraging to note that within a couple of weeks of the end of this outbreak of smallpox, the apathy of the public to vaccination returned.

As far as immunisation against diphtheria is concerned the picture is much more encouraging, with something like 70% to 80% of the under 5 year old children protected against this disease. During the Michaelmas term of 1949 immunisation sessions were held at certain schools in the Rural District. In this way a certain

number of children to whom Welfare Clinics are not available, and whose parents had not taken them to the family doctor for immunisation, were reached, whilst numbers of older school children received "Booster" immunisations. As proof of the efficacy of the diphtheria immunisation campaign there were no notifications of this disease during the year.

It was again not possible to carry out health education or propaganda on any scale in the Rural District. The dispersed nature of the population, coupled with absence of suitable premises, makes it well nigh impossible to undertake this work in the average Rural District.

Care and After-care services were mainly concerned with the provision of grants to enable cases of tuberculosis to purchase extra rations. The demand on this service was not large.

7. HOME HELP SERVICE. No service operated in the Rural District during the year. There was no great demand for this service, and in certain cases where it was deemed necessary help was provided for short periods — almost entirely for maternity cases — from resources under the control of the County Organiser.

Prevalence of, and Control over, Infectious Diseases

The total of 334 cases notified during 1949 represents a moderate increase over 1948 when 276 cases were notified. The increase was due almost entirely to an epidemic of measles in the early part of the year. As far as individual diseases were concerned, measles and smallpox showed an increase, poliomyelitis with one case was the same as 1948, whilst pneumonia, scarlet fever, whooping cough, erysipelas, diphtheria and ophthalmia neonatorum showed a decrease.

Without a doubt the most striking, and the most alarming feature of the year was the small outbreak of smallpox at Pengover, near Liskeard, in May, 1949. The S.S. *Mooltan*, homeward bound from Australia, called at Bombay *en route* and some of the passengers who went ashore at that port subsequently contracted virulent smallpox, one dying before the ship reached England. All the passengers on board were in greater or lesser degree contacts, and all were offered vaccination on arrival in England. A small minority refused vaccination, one of these being a 61-year-old Australian woman who, after disembarkation, proceeded to Torquay. Whilst there she fell ill, and in the absence of any other suitable isolation hospital in South Devon or Cornwall she was brought to the Liskeard Smallpox Hospital where, on the 24th April, 1949, she succumbed to an attack of virulent Asiatic smallpox. On the 6th May, 1949, one of the local general practitioners spoke to me of his uneasiness about a profuse rash in an unvaccinated woman of 20 in an isolated row of cottages near Pengover. I saw this case, and sharing my colleague's uneasy feeling I called in the Superintendent

of the Swilly Isolation Hospital, Plymouth, who after seeing the case that evening and again the following day, decided that it was smallpox. The family contacts, three in number, were immediately vaccinated, as were all the people living in the adjacent cottages. The case was removed to the Smallpox Hospital at Liskeard. Three days later she was moved to Lee Mill Isolation Hospital, Devon, and the following day the three close family contacts were admitted to Lee Mill Isolation Hospital since it was considered that they would almost inevitably contract the disease. In fact they did, though its severity was considerably less than that of the first case, due to the modifying effect of the vaccination which they received when first seen. All four cases recovered.

In addition to the Deputy County Medical Officer, the Superintendent, Swilly Isolation Hospital, and myself, three Ministry of Health Medical Officers visited Liskeard to investigate this outbreak. In spite of the most close and searching enquiries on our part the mechanism by which the infection passed from the Smallpox Hospital, near Hendra Bridge, to Crift Cottages, Pengover, a distance of just over 1 mile, could not be definitely established. It is however known that the infectivity of smallpox virus is very high and that aerial transmission can occur in an inexplicable and haphazard manner. I do not wish at this late stage to do more than comment on the variety of rumours, opinions and wild allegations which were brought to bear on this unfortunate situation. None of these contributed to an improvement in the situation, whilst almost all fostered and increased public anxiety and alarm. In the week following the discovery of the first case some 5,000 people in Liskeard and the surrounding district were vaccinated, a striking reaction from a population which was, and is, apathetic to this measure of prevention. I should like to take this opportunity of thanking those general practitioners who, in the absence of a Public Vaccinator, undertook the onerous duty of providing mass vaccination. Their ready co-operation in the matter played the greatest part in allaying public anxiety. Before leaving this subject I should also like to put on record my appreciation of the efficient, and willing manner in which Mr. G. Rogers, the Sanitary Inspector and his assistant Mr. G. Cowling handled this difficult situation.

During 1949 the incidence of poliomyelitis was above the average in West Cornwall. In South-East Cornwall we were fortunate in having only two cases, one of which occurred in the Rural District. It would appear that this case, a housewife, was infected by members of the household who travelled daily to Fowey to work and to attend school, since just before the date of her illness there had been a small outbreak of the disease in Fowey.

The following are details of cases of infectious diseases notified in the Rural District during 1949 :—

Rates per 1,000 of Population

Disease	Cases	L.R.D.	Health Area No. 7	England & Wales
Measles	281	19.89	25.85	8.95
Whooping Cough	38	2.69	3.76	2.39
Pneumonia	7	0.49	1.26	0.80
Smallpox	4	0.28	0.08	* 0.00
Scarlet Fever	3	0.21	0.75	1.63
Poliomyelitis	1	0.07	0.04	0.13

* Not zero but too small to be recorded to two places of decimals.

Cases of infectious disease requiring hospital treatment are admitted to either the Swilly Isolation Hospital, Plymouth, or the Isolation Hospital, Truro.

TUBERCULOSIS. During the year 1949 there were notifications in respect of 12 new cases of tuberculosis. This was an increase of 4 over the figure for 1948. Of these 12 cases, 9 were of respiratory (pulmonary) tuberculosis and 3 were of non-respiratory tuberculosis. During the year there were 6 deaths from tuberculosis—4 caused by respiratory, and 2 caused by non-respiratory tuberculosis. The following are details of new cases, and deaths during 1949 :—

<i>Age Period</i>	<i>New Cases</i>		<i>Deaths</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
0—1	—	—	—	—
1—5	—	1	—	1
5—15	1	—	—	—
15—45	3	2	—	1
45—65	4	1	1	1
65 and over	—	—	1	1

At the end of the year there were 43 known cases of respiratory tuberculosis and 15 known cases of non-respiratory tuberculosis in the population of the Rural District.

I have already referred to tuberculosis in the general introduction of this report, and I do not propose to make any further observations.

NATIONAL ASSISTANCE ACT 1948. No action under section 47 of this Act, which calls for the securing of care and attention for aged and/or infirm persons, was necessary during 1949.

WATER SUPPLY. There has been no real change or improvement in the small and generally inadequate water supplies in the Rural District during 1949. Because of the exceptionally dry weather in the spring and summer, many supplies failed, and much inconvenience resulted. Further progress towards the constitution of a Joint Water Board was made during the year, and it would appear that this Board, composed of representatives of Liskeard

Borough, and this Rural District Council, will begin to function during 1950. Its first objective will be the laying of a pipeline to Polruan from the Liskeard Borough reservoirs at St. Cleer, and ultimately this scheme based on the River Fowey will supply water to almost the entire Rural District. More detailed information on the subject of quality, quantity etc. of water supplies will be found in the report of the Sanitary Inspector which follows.

DRAINAGE AND SEWERAGE. No new drainage or sewerage schemes were undertaken during the year, and the arrangements for sewerage disposal remain primitive and unsatisfactory. Schemes in respect of several villages have been prepared and approved by the Council. They are now with the Ministry of Health who will in due course hold a Public Enquiry into the necessity for, and the best method of carrying out individual schemes. It must be realised that the provision of sewerage disposal in a Rural District involving as it does many small schemes is of necessity a slow, and an expensive process, and no rapid or ready solution of this problem can be expected.

FOOD. There is no slaughtering of meat on any scale in the Rural District, and the inspection of meat has not therefore been a problem.

Routine inspections of food shops, restaurant and hotel kitchens have been undertaken during the year, but as most of these establishments are small no great problems have been encountered.

FOOD POISONING OUTBREAK. No such outbreaks were notified during the year.

HOUSING. I have already written in the introduction to this report of the importance of housing as a social measure. Although the number of persons in the Rural District requiring to be rehoused greatly exceeded the supply of new houses, nevertheless the Council has done reasonably well in completing 32 new houses during 1949. In a rural district the acquisition of numbers of small sites is a matter which can, and does give rise to delays, and difficulties. In addition the lack of piped water supply, and sewerage disposal arrangements are factors which put rural housing schemes at a disadvantage as compared with the more compact and more easily handled housing estates of urban authorities.

SANITARY INSPECTOR'S REPORT. The report of Mr. G. Rogers, M.R.S.I., M.S.I.A. which follows treats in greater detail many matters which have been dealt with in a general fashion in my Report. I have had at all times the ready and willing co-operation of Mr. Rogers in carrying out my duties in the Rural District.

WATER SUPPLY

(1) *a. QUALITY.* Eleven samples of water from six different public supplies were taken for chemical analysis and bacteriological examination.

Details are as follows :—

ST. CLEER VILLAGE. PIPED SUPPLY. 11th. February 1949, Chemically good and bacteriologically satisfactory. No faecal bacteria present. 19th. November 1949—Similar results.

TREWIDLAND. PUBLIC WELL. 8th. March 1949, Chemically, the water moderately pure and hard. Bacteriologically water satisfactory.

RILLA MILL. PUBLIC SHOOT. 29th. March 1949. A soft, pure water very suitable for drinking purposes.

BODINNICK. PUBLIC SHOOT. Five samples taken between May and October and they revealed intermittent pollution. Supply not yet satisfactory. Further samples will be taken in 1950 following the completion of protective work to the springs.

KILLIGARTH. PIPED SUPPLY. 16th. June. A very satisfactory water both chemically and bacteriologically.

GOLBERDON. PUBLIC WELL. A sample late in the year showed this water to be bacteriologically unfit for drinking purposes. The source will need to be protected against surface contamination and then a further sample taken.

b. QUANTITY. The Summer of 1949 was one of the driest experienced in this country for a great many years and following as it did, a Winter and Spring having a rainfall below average, water supplies in many areas were short.

As usual, Polruan was the first to suffer and pumping was commenced during April from the Council's bore hole at Vevery. On June 27th. pumping from Dr. Jay's source was commenced and continued throughout the Summer. On July 14th. the haulage of water from Polperro to Polruan began and by November, 425,000 gallons were delivered into the reservoir.

Throughout the Summer, new mains were being laid in the streets, which caused some interference with supplies to the houses. In spite of the shortage and the disturbance however, a limited supply was maintained to practically all parts of the village. The new mains were completed by the middle of September, which resulted in a much improved distribution.

Other shortages in the District were also experienced. In the hamlets of Doddycross, Merrymeet, Crift and Keason, wells failed and water had to be hauled for a period of approximately two months.

At Minions, the gravitation supply which is privately owned by the Duchy of Cornwall ceased, but the Duchy was able to put into

operation an alternative system where the water from a spring at a lower level was pumped into the existing mains.

The springs feeding the reservoir at Upton Cross, also owned by the Duchy, failed, but once again, other springs were able to be utilised and a temporary pipeline was laid to satisfactorily supply the village.

(ii) In the cases of two piped water supplies, at St. Cleer Village and Killigarth bacteriological examinations were made of the raw water. The results were as indicated in paragraph (i) a.

No water supplies in the district are subjected to any type of treatment.

(iii) None of the waters sampled were found to be plumbo-solvent and no precautions were necessary to prevent action on lead pipes.

(iv) CONTAMINATION OF SUPPLIES. ST. CLEER VILLAGE SUPPLY. As soon as the Analyst's report revealed pollution of the supply, notices were posted advising consumers to boil all water before use. Repairs were made to inspection chambers and surface water was collected and piped away from the source of the supply. Results were quite satisfactory.

BODINNICK. PUBLIC SHOOT. When this supply was known to be polluted a notice was posted on the site advising householders to boil water before use.

The source was opened and a brick chamber constructed with a suitable covering. A pipe line was laid from the chamber to a convenient point, by the roadside. The result of this work was a considerable improvement in the quality of the water although it still was below good bacteriological standard. Other work is being considered to obviate any possible contamination from nearby house drains and it is believed that this will be effective.

GOLBERDON. A warning notice was displayed in this village similar to the one referred to in the preceeding paragraph. Orders were given for a repair to be carried out to the mouth of the well and for a stone culvert, conveying road surface water, to be replaced by stoneware pipes, jointed in cement. When this work has been carried out, the well will be cleansed and further samples taken.

(v) Parishes with one or more villages having a piped water supply :—

<i>Parish.</i>	<i>Pop. of Parish.</i>	<i>Pop. supplied direct to houses.</i>	<i>Pop. supplied from stand Pipes.</i>
Broad oak	209	40	nil.
St. Cleer	1485	850	37
Lansallos	1424	1237	nil.
Lanteglos	1320	1000	150
Linkinhorne	1139	30	50
Liskeard	922	nil.	300

St. Martin	283	100	nil.
Menheniot	1089	200	50
Morval	530	10	nil.
St. Neot	918	140	100

SEWERAGE. No new sewerage schemes or extensions to existing sewers have been constructed during 1949 although the existing sewers have been well maintained. Sewerage schemes have been prepared for the villages of St. Cleer, Tremar Coombe, Darite, Crows Nest, Upton Cross, Minions and Menheniot, and these have been approved by the Council and forwarded to the Ministry of Health for approval.

A tender has been accepted for the construction of a sewerage scheme at Seaton and it is expected to commence the work early in 1950.

MEAT AND OTHER FOODS. Only occasional slaughtering is carried out in the Rural District, all other slaughtering being done in a Government Slaughterhouse within the Borough of Liskeard.

Inspection of meat and other foods in the many shops in the District has been carried out throughout the year and on 47 occasions food was surrendered being unfit for human consumption. 767 tins of food, consisting of meats, fruits, preserves, vegetables and milk were destroyed.

Inspections of restaurant kitchens were made throughout the season and whilst in general, conditions were satisfactory, a few premises were below a reasonable standard. Suggestions were made in these cases and improvements effected.

ICE CREAM—RETAIL SALE. During 1949, there were 23 persons and premises registered for the storage and sale of Ice Cream. Every retailer was regularly visited and 48 samples were taken and examined for cleanliness and fat content.

No sample had less than 4.5% fat and most had from 8% to 15%, which is very high in comparison with the Ministry of Food's suggested minimum of 2.5%.

When the first samples were examined for cleanliness, several were Graded 3 and 4 which indicated that they were much below standard in that respect. Of the first 12 samples two were graded 3 and three were graded 4. Only one was a grade 1.

Retailers were induced to take greater precautions in the handling of the product and to introduce frequent sterilisation of utensils. The effect of this can be judged by the fact that of the last seventeen samples taken, sixteen were Graded 1 and one Grade 2.

FOOD POISONING. There were no cases of Food poisoning reported in the Rural District throughout the year.

FOOD CAMPAIGNS. Propaganda in respect of the Clean Food Campaign was conspicuously displayed throughout the District.

The Ministry of Health circularised Local Authorities and

submitted copies of Model Byelaws governing the Handling, Wrapping and delivery of Food, and Sale of Food in the Open Air. The Council expressed the opinion that such byelaws were highly desirable. A special Sub-committee will meet early in 1950 to consider the various sections and to make recommendations for their adoption.

HOUSING. The erection of Council Houses in the Rural District continued during 1949 and a further 32 were completed and occupied. By the end of the year a further 12 were in hand.

Sites have been selected in many parishes and schemes will be presented for consideration by the Council early in 1950. Problems still occurred with regard to water supply and drainage disposal but these were solved in most instances. In every scheme, a sewage treatment works is included which prevents any nuisance arising. All water supplies are examined chemically and bacteriologically before approval is given and this does, to some extent, ensure a reasonably pure supply.

A regular inspection of all occupied Council Houses in the District have been made and essential repairs carried out in order to maintain the premises in a reasonable state.

Factories Acts, 1937 and 1948.

INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

<i>Premises</i>	<i>M/c line No.</i>	<i>Number on Register</i>	<i>Inspections</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(1)	(2)	(3)	(4)	(5)	(6)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	51	33	nil	nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	2	33	28	nil	nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority † (excluding out-workers' premises)	3	12	40	nil	nil
TOTAL ...		96	101	nil	nil

Cases in which defects were found

<i>Particulars</i>	<i>M/c line No.</i>	<i>Number of cases in which defects were found.</i>				
		<i>Found</i>	<i>Remedied</i>	<i>Referred To H.M. Inspector</i>	<i>By H.M. Inspector</i>	<i>No. of cases in which prosecution were instituted</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Want of cleanliness (S.1)	4	10	10	—	—	—
Overcrowding (S.2)	5	—	—	—	—	—
Unreasonable temperature (S.3)	6	—	—	—	—	—
Inadequate ventilation (S.4)	7	—	—	—	—	—
Ineffective drainage of floors (S.6)	8	—	—	—	—	—
Sanitary Conveniences (S.7)						
(a) insufficient	9	1	1	—	—	—
(b) Unsuitable or defective	10	5	5	—	—	—
(c) Not separate for sexes	11	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	12	—	—	—	—	—
TOTAL	60	16	16	—	—	—

OUTWORK (Sections 110 and 111)

<i>Nature of Work</i>	<i>M/c</i>	<i>No. of out-workers No. in August list required by Section 110 (1) (c)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecu- tions for failure to supply lists</i>	<i>No. of instances of work in unwhole- some premises</i>	<i>Notices served</i>	<i>Prose- cutions</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Wearing apparel— Making, etc. Cleaning and washing, etc.	13	2	—	—	—	—	—
TOTAL	70	2	—	—	—	—	—

